Introductions

Alexis Waksmunski
Associate Training Coordinator

Caitlin Walsh
Associate Program Implementation Specialist

Katie Wooten
Senior Program Implementation Specialist

Georgie Scott
Associate Program Implementation Specialist

Dan Lomauro
Lead Technical Consultant

Abby Talbert
Deputy Director of Innovative Health Services Initiatives (IHSI)

Logistics

- **Participate** to the best of your ability.

- **Mute** yourself if you are not speaking.

- Enter **questions in the chat**.

- Use your **camera** (if possible).

- Complete **training evaluations**.

Participant Awareness

- Some topics that are being discussed may be **uncomfortable** or triggering for some participants.
- Please feel free to take short **breaks** if needed.

Training Requests

- **Consider** the impact of **patients' experiences**.

- Allow for safe and **open discussion**.

- **Set an intention** to make some change(s) in your practice.

Learning Objectives

- Describe the impact of compassion fatigue and burnout on staff.

- List common substance use **motivations**.

- Describe the **impact of trauma** on substance use, including adverse childhood experiences.

- Define stigma and identify its **negative effects.**

Recognizing Occupational Burnout

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"What happens when people do know that you use drugs? What does that look like?"

"You're a **nobody**...You're just on the **back burner** to them. For example, people get abscesses and stuff like that, and they go to the hospital, and once the doctors...realize that you're a drug user, they sit you on the back side and **they'll take that person in front of you**...Yeah, you get **treated a lot different**."

(Paquette & Pollini, 2018)

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Compassion Fatigue

- **Diminished** capacity

- Repeated **exposure to suffering** of patients and their **traumatic experiences**

- Consequential outcome based on **level of exposure and empathy**

(Nimmo & Huggard, 2013)

Understanding the Difference

Compassion Fatigue	Burnout
Sudden onset	Develops over time
Emotional and physical exhaustion	Emotional exhaustion
Helplessness	Hopelessness
Desensitization to patients and families	
Depersonalization	

(Henson, 2020; Maslach & Leiter, 2006; Slatten et al., 2020)

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Discussion Questions

How does compassion fatigue and burnout affect you or those around you?

What strategies could you use to manage compassion fatigue and burnout?

Managing Compassion Fatigue and Burnout

- Learn to recognize symptoms in yourself and others

- Develop personal coping skills

- Restore a healthy life balance
  – Adequate sleep
  – Good nutrition
  – Aerobic exercise
  – Frequent mini-vacations

- Stress reduction techniques
  – Muscle relaxation
  – Meditation
  – Visualization

- Mindfulness meditation
  – Be still
  – Be present in the moment

(Slatten et al., 2020)

Substance Use:
Origins and Trauma

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Program Evaluation and Research Unit

Discussion Question

Why do people consume substances like nicotine, alcohol, and other drugs?

Substance Use Motivations

To Feel Good

To Feel Better

Curiosity or Social Pressure

(NIDA, 2020)

Origins of Harmful Substance Use

- There are **many reasons** that people use substances.

- Experiencing **trauma**, especially in childhood, is a major risk factor for harmful substance use.[1]

- **Mental illness** is a risk factor for harmful substance use.[2]

- Some people may attempt to **"self-medicate"** for a mental illness by using substances.[2]

([1]NCTSN, 2008; [2]Kelly & Daley, 2013)

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Adverse Childhood Experiences

- Adverse childhood experiences (ACEs) are **strongly associated** with the development of substance use disorders.

- ACEs include the following:
  - **Abuse**
  - **Neglect**
  - **Household dysfunction**
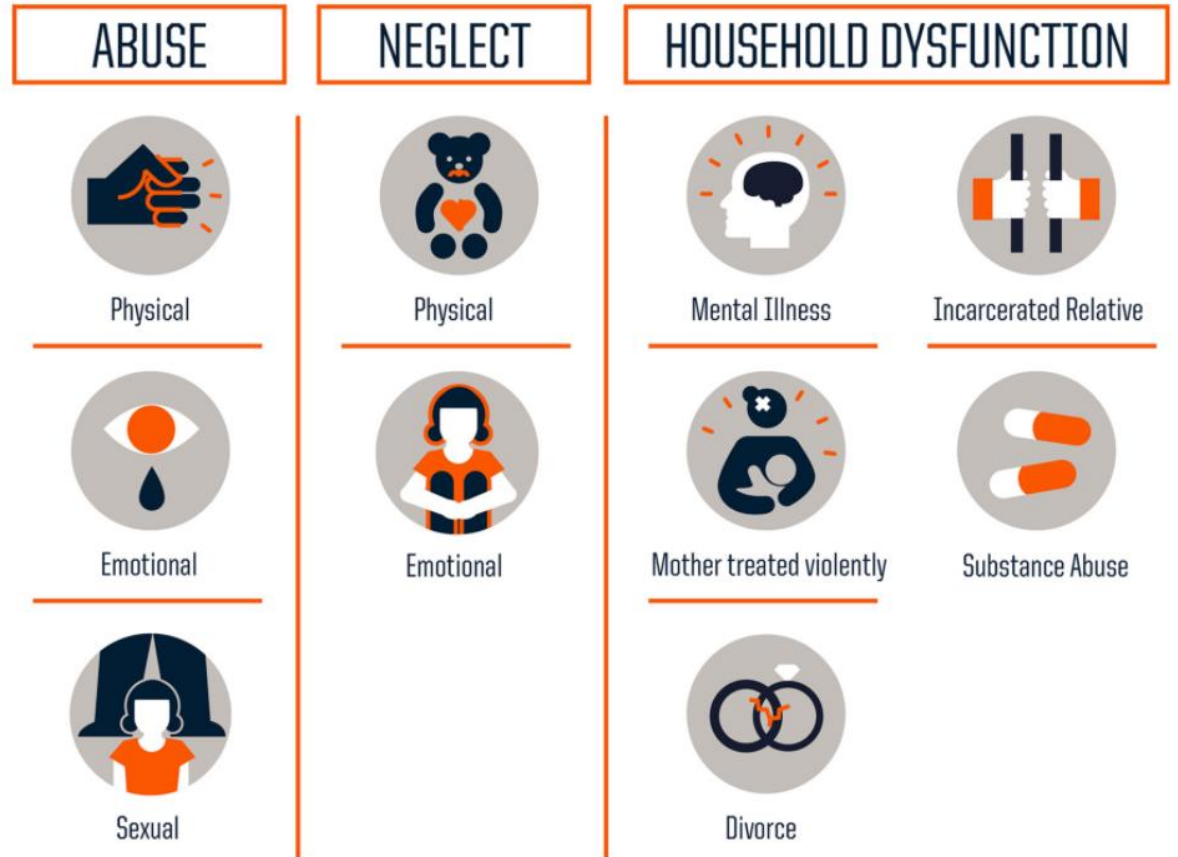
([1]Dube et al., 2003; [2]Quinn et al., 2016; [3]Stein et al., 2017)

ACE Scores

An ACE score is a tally of different types of abuse, neglect, and other factors during childhood.

Three Types of ACEs

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

(Starecheski, 2015)
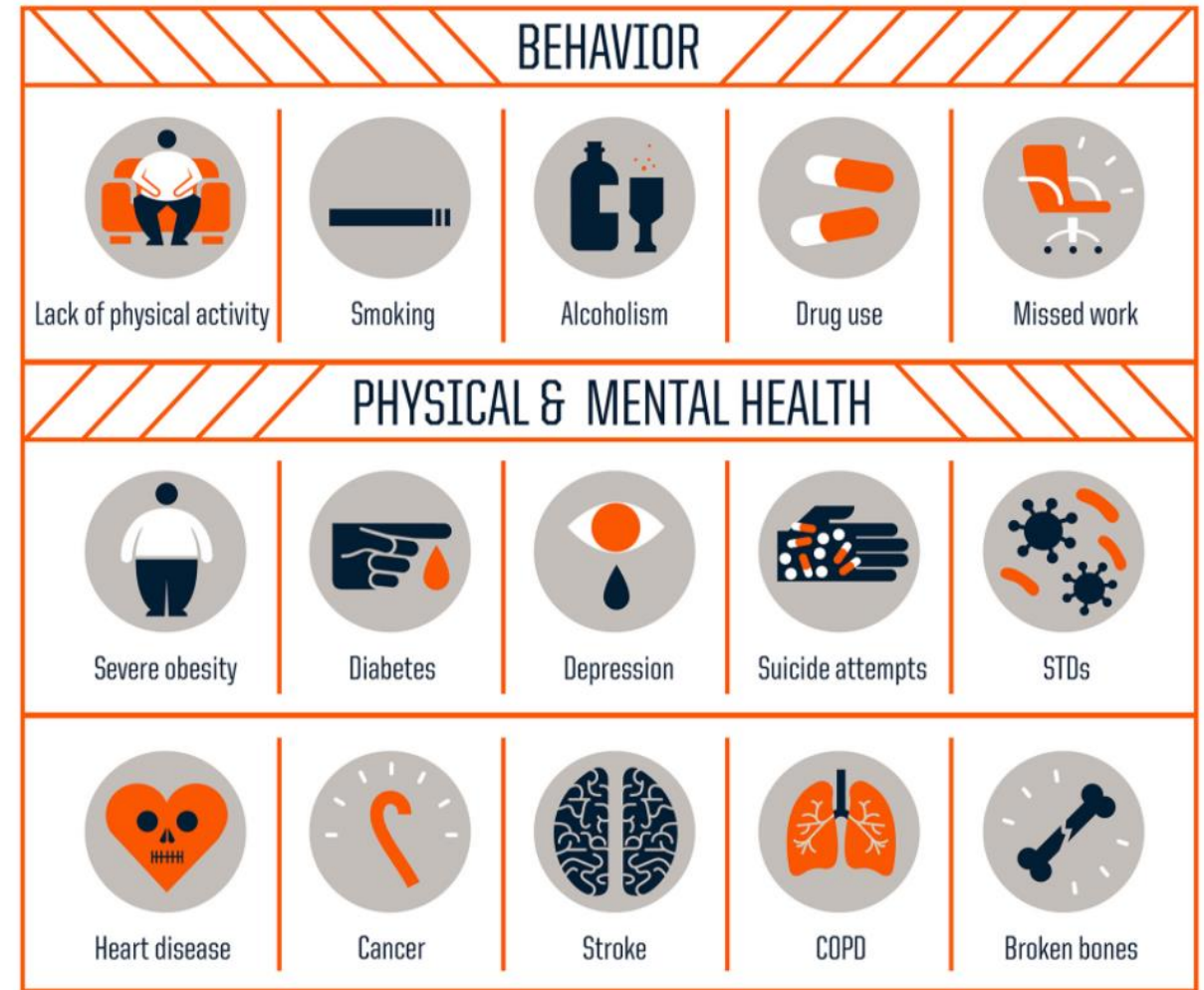
ACEs Increase Health Risk

An ACE study explored the ways ACEs are linked to a variety of adult conditions, including:
- Increased headaches
- Depression
- Heart disease

Source: Centers for Disease Control and Prevention
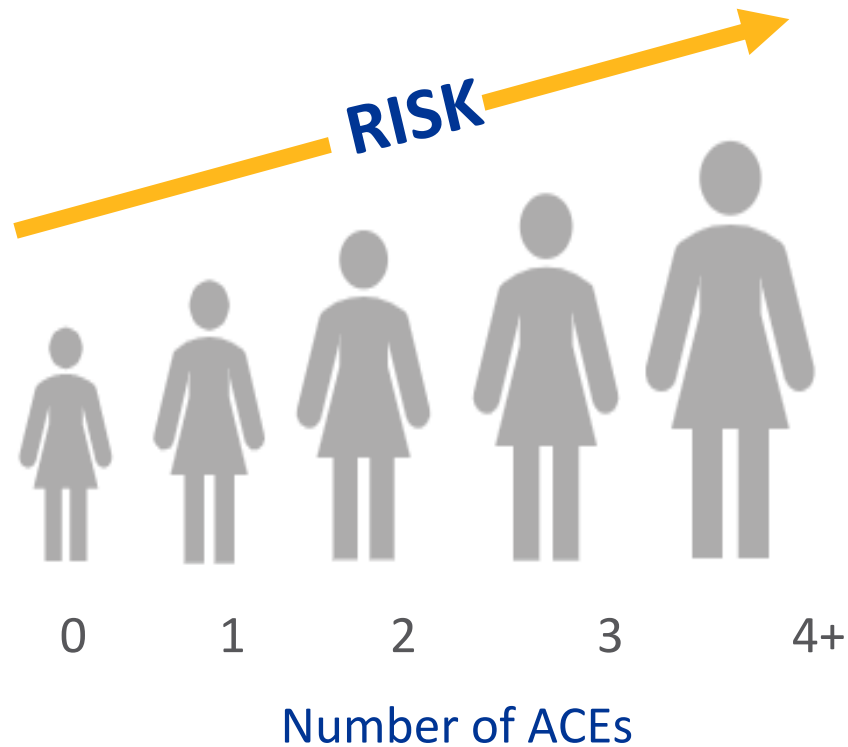Credit: Robert Wood Johnson Foundation

(Starecheski, 2015)

ACEs and Substance Use

RISK

0   1   2   3   4+

Number of ACEs

- Individuals are **2 - 4 times more likely to report early initiation** of substance use with each added ACE.[1]

- ACEs account for **56% - 67% of serious problems** associated with drug use.[1]

- Those with an ACE score of ≥ 5 were **7 - 10 times more likely** to report illicit drug use, addiction, and injection drug use compared to those with an ACE Score of 0.[1]

(Dube et al., 2003)

Trauma

- Trauma can be defined as **exposure** to a **stressful event** like an accident or sexual assault that results in psychological distress (fear, anxiety, and other emotions).[1]

- Research indicates that individuals who have **experienced trauma** are more likely to use substances than those who have not.[2]

([1]American Psychiatric Association, 2013; [2]Khoury et al., 2010)

Prevalence of Trauma

- 70% (223.4 million) of adults have **experienced a traumatic event**.[1]

- Over 90% of patients in **public behavioral health experienced trauma**.[1]

- One study found that more than 80% of individuals seeking treatment for OUD reported **experiencing at least one form of trauma**.[2]

- **Physical abuse** in childhood is associated with **injection drug** use in adulthood.[3]

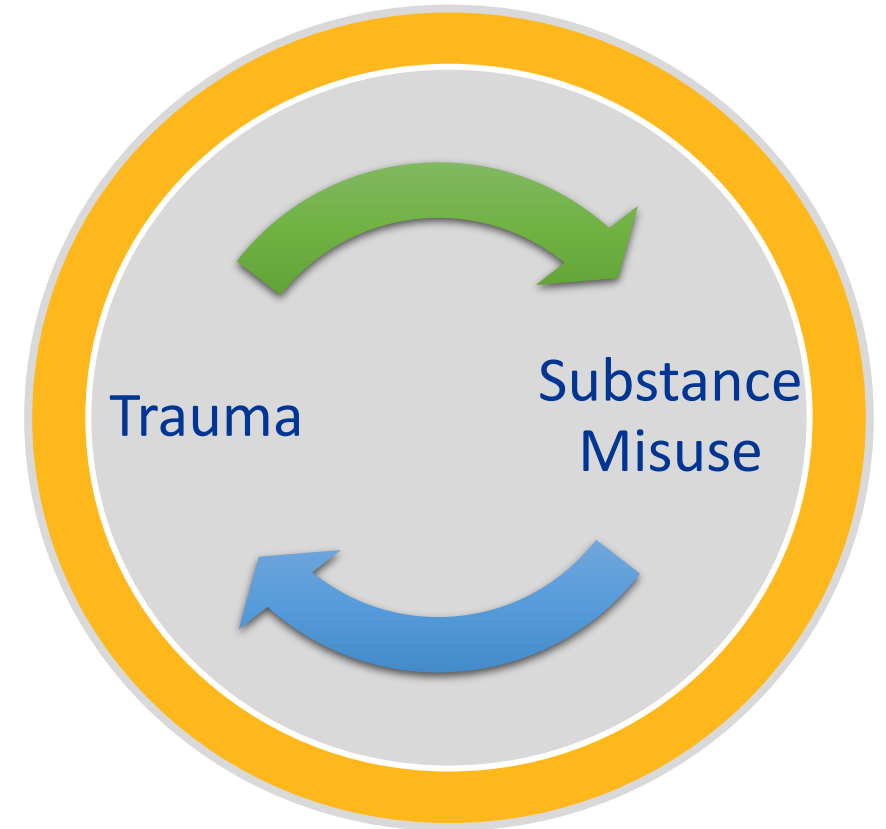([1]National Council for Behavioral Health, 2013; [2]Sansone, 2009, [3]Prangnell, 2020)

Impact of Trauma

Trauma is a risk factor for substance misuse

AND

Substance misuse is a risk factor for trauma.

Trauma

Substance Misuse

(Whitfield et. al., 2003)

Impact of Substance Use on Trauma

- Reduces one's ability to **concentrate** and to be **productive** in work and life.

- Decreases ability to **sleep restfully.**

- Decreases ability to **cope with traumatic memories** and external stressors.

- Facilitates **emotional numbing**, **social isolation**, **anger**, **irritability**, **depression**, and the feeling of **needing to be on guard**.

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(Rivard et.al., 2003)

Defining Stigma

Stigma Definition

Stigma has been defined as **"an attribute that is deeply discrediting"** and is associated with **social rejection** and **status loss**.

(Goffman, 1963)

Components of Stigma

Components of stigma include the following:

- **Labeling** – noticing and naming differences

- **Stereotyping** – associating named differences with negative traits

- **Separation** – labeled people are considered separate (i.e., "us" and "them")

- **Status Loss** – lowered placement in the social hierarchy

- **Discrimination** – unfair treatment due to differences (individual or structural)

(Link & Phelan, 2001; Phelan et al., 2014)

Internal and External Stigma

Internal:
Self-stigma[1] or felt stigma[2,3]

External:
Enacted stigma[2]/discrimination

([1]Hatzenbuehler et al., 2013; [2]Gray, 2002; [3]Birtel et al., 2017)

Internal Stigma

- Prevents patients from seeking specialty treatment[1]

- Perceived stigma can result in:

  - **Lower self-esteem**

  - Higher **depression** and **anxiety**

  - Poor sleep[2]

- Associated with **poor health outcomes**[3]

(¹Gray, 2002; ²Birtel et al., 2017; ³Hatzenbuehler et al., 2013)

Discussion Questions

Have you noticed any of **your patients** exhibiting **internal stigma**?

What did that look like?

How did you handle that?

External Stigma

- **Unfair treatment** by others

- Creates **social distance**[1]

- Healthcare providers with stigma:

  - Are **less personally engaged** with patients

  - Spend **less time** on patient visits

  - Show **less empathy** to patients[2]

([1]Yang et al., 2017; [2]Van Boekel et al., 2013)

Structural and Institutional Stigma

- A type of **external stigma** that occurs when assumptions and stereotypes are **adopted** into policy, resource allocation, and practice[1]

- **Structural stigma** leads to "societal-level conditions, cultural norms, and institutional policies that **constrain** the opportunities, resources, and wellbeing of the stigmatized"[2]

([1]HRC, n.d; [2]Benintendi et al., 2021)

Policies Contributing to Treatment Access Barriers

- Variable Insurance Coverage[1]
  - Private insurance **coverage barriers** despite substance use disorder (SUD) treatment listed as an **essential health benefit**[1]
  - **Denying** SUD treatment **claims** at higher rates[1]

- Highly Supervised Treatment[2]
  - **Frequent** urine drug **screening** with treatment **termination** if a patient tests positive for illicit drugs[2]
  - **Requirements** to participate in counseling or other programs **to receive medications** for opioid use disorder (MOUD)[2]

([1]Saini et al., 2022; [2]McElrath, 2018)

Discussion Questions

What stigmatizing language or beliefs have you witnessed?

- How did this **affect you**?

- How did this impact your **work environment**?

- How did this **affect patients**?

Fault and Control

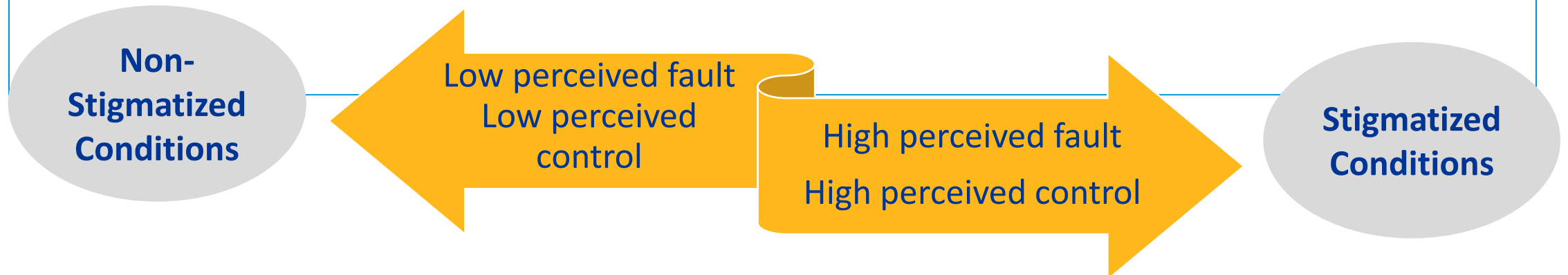Two main factors affect stigma surrounding health conditions:

- Perceived **fault** in acquiring the condition; and
- Perceived **control** that a person has over the condition.

Non-Stigmatized Conditions

Low perceived fault
Low perceived control

High perceived fault
High perceived control

Stigmatized Conditions

(SAMHSA, 2017)

Addiction Definition

- Addiction can be viewed as a treatable, chronic medical disease involving **complex interactions** among brain circuits, genetics, the environment, and an individual's life experiences.

- People with addiction use substances or engage in behaviors that become **compulsive** and often continue despite **harmful** consequences.

- Prevention efforts and treatment approaches for addiction are generally as **successful** as those for other chronic diseases.

(ASAM, 2019)

Addiction Changes the Brain

- Why people do not just **"stop using"**

- A **compulsion** even when there have been **consequences**

Video Reflection

(Montgomery College, 2018)

Take-Aways

- Staff may experience **compassion fatigue** and **burnout** that can impact their work.

- There is a **strong connection** between **trauma** and the development of an **SUD**.

- Patients experience **stigma** both **internally** and **externally**.

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Questions?

Receiving Credit & Next Steps

- **Complete the continuing education registration.**
- LINK
- **Register for session 2 of this series.**
- LINK

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- A qualitative assessment of discharge against medical advice among patients hospitalized for injection-related bacterial infections in West Virginia R.A. Pollini a,b,∗ , C.E. Paquettec , T. Drvar a , P. Marshaleka , M. Ang-Rabanes a , J. Feinberga , M.W. Haut a,d,e,f
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